

Washington State Department of Agriculture Organic Food Program (360) 902-1805 organic@agr.wa.gov

Organic Cropping System Plan

BUSINESS NAME:						
WSDA ORGANIC CERTIFICATION NUMBER (RENEWAL APPLICANTS ONLY):	COUNTY WHERE BUSINESS IS LOCATED:	STATE WHERE BUSINESS IS LOCATED:				
Section A. General Information [NOP 205.201 and 205.401] The National Organic Program (NOP) requires all operations seeking certification to develop an organic system plan that is agreed to by the certified producer or handler and an accredited certifying agent. A certified operation must update this system plan on an annual basis in order to verify continued compliance. The organic system plan must include the following: A description of practices and procedures - including the frequency with which they will be performed, A list and detailed information regarding each substance to be used in organic production or handling, A description of the monitoring practices and frequency the practices will be performed, A description of the recordkeeping system that demonstrates compliance with the National Organic Program, A description of the practices in place to prevent commingling of organic and non-organic products, A description of the practices in place to prevent contamination of organic products with prohibited substances, Any additional information required by the certifying agent in order to evaluate compliance.						
FARM OVERVIEW						
1. Please provide a brief description of your farming operation in	n the space provided below.					
2. Please check the boxes that apply to your farming operation. Understand Dry Land Dry Land Inrigation	☐ Row	r Crop er (please specify):				
CERTIFICATION SUMMARY						
Do you have a copy of the National Organic Standards?		☐ Yes ☐ No				
2. Are you a New Applicant?		☐ Yes ☐ No				
2a. If, "No," what was the first year you were certified by WSD.	A Organic Food Program:					
3. Have you previously applied for organic certification?		☐ Yes ☐ No				
3a. If, "Yes," please list the certification agency, the year the a	pplication was made, and the outcome	e of the application.				
4. If currently or previously certified, did you receive a Notice of Noncompliance or a letter notifying you that in order to maintain organic certification conditions must be met? 4a. If, "Yes," please list the noncompliance(s) or condition(s) and state how the issues have been resolved.						

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5. Have you ever been denied ce	rtification or had your certification suspended or revoked?	Yes	□No	□ N/A				
5a. If "Yes," please describe to	he circumstances.	1	<u> </u>					
6. Are you currently certified by a	n agency Other than WSDA Organic Food Program?		Yes	☐ No				
6a. If, "Yes," please list the na	me of the agency and the first year certified by that agency:							
Section B. Seeds, Annual Transplants, and Seedlings [NOP 205.204] National Organic Program 205.204 requires that producers use organically grown seed, annual seedlings and planting stock, unless organic produced seeds and planting stock are not commercially available. Commercially availability is defined as "The ability to obtain a production input in an appropriate form, quality, or quantity to fulfill an essential function in a system of organic production or handling, as determined by the certifying agent in the course of reviewing the organic plan." You must maintain documentation verifying the unavailability of organic seed. Seeds treated with a prohibited substance are not allowed.								
SEEDS	☐ N/A No seeds are used on my farming operation. Skip to Annual	Transplan	ts.					
 Please check all sources of seed used on your farming operation: Save my own seeds Provided through contract Other Please provide the names and contact information for all companies through which you obtain seeds in the space provided below 								
Do you use only organic seed	ds?	Yes	☐ No	□ N/A				
4. Do you request organic seed	s when they are available from your seed suppliers?	Yes	☐ No	□ N/A				
Please describe your attemp to verify these attempts.	ts to source organic seeds in the space provided below. Include details of	the docume	entation you	maintain				
	NOTE: IF YOU ARE USING SEEDS FOR YOUR FARMING OPERATION AND YOU ARE NOT USING ORGANIC SEEDS, YOU MUST HAVE DOCUMENTATION AVAILABLE AT THE TIME OF INSPECTION TO VERIFY THAT ATTEMPTS WERE MADE TO SOURCE ORGANIC SEEDS.							
7. Are any of the seeds used or	your farming operation treated?	☐ Yes	□No	□ N/A				

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7a. If, "Yes," please provide information on the seed treatment(s) in the space provided below.					
8.	Are any seeds genetically en	gineered? [NOP 205.105 (e)]	☐ Yes	□No	□ N/A
An	NUAL TRANSPLANTS	☐ N/A No Annual Transplants are used on my farming operation. Sk	ip to Perer	nnial Trans	splants.
1.	Do you purchase annual tra	nsplants? [NOP 205.204]	☐ Yes	☐ No	□ N/A
	1a. If, "Yes," identify the name	e and organic certification status of your annual transplant source in the spac	e provided	below.	l
Na	me				
Add	dress				
Ce	tification No.:	Certification Agency:			
2.	Do you produce annual trans	plants on-farm?	Yes	☐ No	□ N/A
	2a. If, "Yes," please list all i seedlings in Section I. I	ingredients in your soil mix, fertility products, foliar sprays, and other inputs youngle the solution of the solution.	ou use on y	our transp	lants and
3.	Are any transplants genetical	ly engineered? [NOP 205.105 (e)]	☐ Yes	☐ No	□ N/A
PEI	RENNIAL TRANSPLANTS	☐ N/A No Perennial Transplants are used on my farming operation.			
1.	Do you plan to plant perennia	als this production season?	☐ Yes	☐ No	□ N/A
	1a. If, "Yes," will you harvest	a crop from these perennials within 12 months (one year) of their planting?	Yes	☐ No	□ N/A
	1b. If, "Yes," were the perenn	ials produced in accordance with organic standards?	Yes	□No	□ N/A
	1b(I). If, "Yes," please des	scribe how this was verified in the space provided below.			

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2. If you use Perennial Transplants on your farming operation, please complete the chart below (include herbs, trees, rootstock, canes, and vines).					
Perennial Planting Stock	Source	Organic	Treated	Untreated	
The National Organic Program requires producers to implement tillage and cultivation practices that maintain or improve the physical, chemical, and biological condition of the soil and minimize erosion. You must also manage crop nutrients and soil fertility through rotations [205.205 Crop Rotation Standard], cover crops and application of plant and animal material. Additionally, you must manage plant and animal materials to maintain or improve soil organic matter while minimizing contamination of crops, soil or water. 1. Please describe your plan to maintain or enhance soil fertility and crop nutrients on your farming operation in the space provided below.					
Please check all of the cultivation practices listed below	w that you implement on your farming operation.				
□ Crop Rotation □ Fallow I □ Compost □ Animal □ Soil amendments □ Green n □ Rock minerals	manure Soil inocula	ates s crops	residues/pr	unings	
3. Please check all of the tillage practices listed below the	at you implement on your farming operation.				
□ No-till	Permanent cover				
Minimum till	Contour farming or tillage				
Shallow till	Moisture monitoring prior to tillage				
4. Please check all of the tillage equipment used on your	farming operation.				

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	Chisel Plow	☐ Cultivator					
	Disk	Grape hoe					
	Rototiller	Spader					
	Harrow						
	Moldboard plow	Other:					
	Rotovator	Other (please specify):					
5.	List/Describe all soil types on your farming operation.						
6.	6. Do you have any soil deficiencies on your farming operation?					□ N/A	
	6a. If, "Yes," please describe in the space provided below.						
7.	7. Are you experiencing any problems with soil alkalization, erosion, compaction or acidification?				□No	□ N/A	
	7a. If, "Yes," please describe in the space provided below.						
8.	Do you plan to use fertilizers, manure, compost, foliar nutrients, gamendments this year?	prowth regulators, crop producti	on aids an	d soil	☐ Yes	☐ No	
	If, "Yes," list all materials that you plan to use in Section I. Materials	al Information (Question 2).					
9.	Do you plan to apply animal manure? [NOP 205.203 (c)(1)]				Yes	☐ No	
	9a. If, "Yes," please check all forms of animal manure you plan to	use this year.					
	Raw Aged	<u></u> □ L	_iquid				
	Composted	□ H	Horse man	ure			
	☐ Cow manure ☐ Dairy solids ☐ Pig manure						
	Cow manure	☐ F	Pig manure	•			
	Other:	□ F	Pig manure	•			
10.	_ ,		Pig manure	Yes	□No	□ N/A	
	Other: Do you plan to apply raw, aged, or liquid manure within 90 days		Pig manure		☐ No	□ N/A	
	Other: Do you plan to apply raw, aged, or liquid manure within 90 days consumption?	of harvest on crops for human		Yes			

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12a. Please list the feedstocks that you use in yo	our compost in Section I. Material Informa	tion (Question 3)	•				
12b. If you are making compost, please check the	ne type of compost that is made:						
Compost from crop or food residues	Composted animal manure	☐ Vermicomp	ost				
Compost Tea	Aerobically produced compost	Other					
12c. Was the initial carbon to nitrogen ratio reco	rded?			Yes	□No		
12d. Was a temperature between 131° F and 1	70° F achieved?			Yes	□No		
12e. Was the temperature maintained for at least windrows?	st 3 days for static aerated piles, and at le	ast 15 days for		Yes	☐ No		
12f. If windrows were used, was the compost turned at least 5 times?					□No		
12g. Please describe the records you maintain of your composting process.							
13. Do you purchase compost?			Yes	□No	□ N/A		
13a. If, "Yes," please complete list all purchased	compost products in Section I. Material Ir	nformation (Ques	tion 3).				
14. Please check all fertility management monitoring	techniques implemented on your farming	g operation.					
☐ Soil testing	Observation of cro	p health					
☐ Microbiological testing	☐ Comparison of cro	p yields					
☐ Plant tissue testing	☐ Crop quality testing	g					
Observation of soil	☐ Other						
15. How often do you take these tests or make thes	e observations? Please answer in the spa	ice provided belo	W.				
16. Do you plan to use sodium nitrate?			Yes	□No	□ N/A		
The NOP allows up to 20% of total actual pounds N	I from sodium nitrate. The European stan	dards do not allo	w the use	of Sodium	Nitrate.		
SECTION D. CROP ROTATION AND COVER CROPS [NOF National Organic Program 205.205 requires a product pest management, manages deficient or excess plainited to) sod, cover crops, green manure, animal results.	er to implement a crop rotation that main ant nutrients and provides erosion contr						
Do you implement a crop rotation on your farmir	ng operation?		☐ Yes	□No	□ N/A		
1a. If, "Yes," please describe your crop rotation	1a. If, "Yes," please describe your crop rotation plan in the space provided below.						

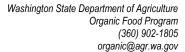
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2.	Do you plant cover crops on your farming operation?	☐ Yes	☐ No	□ N/A
	2a. If, "Yes," are cover crop seeds produced organically?			□ N/A
	2b. If, "No," do you have documentation verifying your attempts to source organic cover crop seeds?	☐ Yes	☐ No	□ N/A
	2c. Are all cover crop seeds untreated?	Yes	☐ No	□ N/A
3. For perennial crops (orchards, vineyards, other perennials) please describe the ground cover and/or cover crops used on your farming operation in the space provided below				farming
Nat	CTION E. NATURAL RESOURCES & WATER [NOP 205.200] tional Organic Program requires that an organic producer must implement practices that maintain or improveration, including soil and water quality.	e the natu	ral resourc	es of this
1.	Please check "Yes" next to the relevant plans you maintain to assist you in managing on-farm natural reso	ources.		
	WSDA Organic Production System Plan (this document)	nt plan		
	NRCS Farm Plan			
	Conservation District Farm			
2.	Is water quality/quantity an issue on your farming operation? If, "Yes," please describe in the space provide below.	ded	☐ Yes	☐ No
3.	Is soil erosion/contamination an issue on your farming operation?	☐ Yes	☐ No	□ N/A
	3a. If, "Yes," please describe in the space provided below.			
4.	Please check the ways that water is utilized on your farm.			

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☐ None ☐ Irrigation	☐ Washing crops				
Livestock	Greenhouse				
	Other (please specify):				
☐ Foliar sprays					
5. Please check the source of water on your farm.					
☐ Spring	☐ Municipal/county				
On-site well(s)	☐ Irrigation district				
River/creek/pond	Other (please specify):				
6. What is the name of your municipal/irrigation district?		□ N/A			
7. Please check next to the irrigation system used on your farming	operation.				
None	☐ Wheel line				
☐ Drip	☐ Solid set				
Furrow	Other (please specify):				
Center pivot					
8. Do you apply materials through your irrigation system?		Yes No N/A			
8a. If "Yes," please specify the materials in Section I. Material In	formation (Question 7).				
8b. Please list all of the materials you use to clean irrigation line	s/nozzles in Section I. Material Informatio	n (Question 7).			
9. Please check "Yes" next to the practices implemented on your fa	rming operation to conserve water.				
☐ Micro-sprinklers	Scheduled use of water				
☐ Drip irrigation	Other (please specify):				
☐ Tensiometer/monitoring	outlot (ploaded opedity).				
10. Please describe any additional efforts that you use to enhance b	ological diversity.				

SECTION F. WEED, PEST, AND DISEASE PRACTICE MANAGEMENT PRACTICES [NOP 205.206]

The National Organic Program requires that the producer implement management practices to prevent crop pests, weeds, and diseases. These practices may include crop rotation, sanitation, cultural practices, mechanical methods, and physical methods.





WEED MANAGEMENT					
• • • •	d pressure and monitor weed populations on you	r farming operation in the space provided			
below.					
Please check the weed control methods	you plan to use on your farming operation.				
Mowing	Hand weeding	☐ Cover crops			
☐ Crop rotation	Prevention of weed seed set	Approved Materials (If, "Yes," please list			
Field preparation	Mechanical cultivation	them in Section I. Material Information			
Soil sterilization	☐ Plastic mulch	(Question 6)			
☐ Natural mulch	Flame weeding	Other (please specify):			
Do you maintain records of how often you dates and fields when you cultivate or fla	u implement the weed control methods identified me weed a specific field?	above; i.e., Yes No N/A			
•	g practices you implement to determine the effec	tiveness of your weed management plan.			
Observation of weeds					
Observation of crop health	Records kept of ob				
Comparison of crop yields	Other (please spec	ciry):			
5. Please describe the frequency of your mo	onitoring practices in the space provided below.				

PEST MANAGEMENT

1. What pests or potential pests do you plan to manage on your farming operation? Please check.

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=	Rodents Birds Gophers		Insects Nematodes Mites Other (please specify):				
2.	Please describe you plan to prevent pest	pressure and monitor pest p	opulations on your farming	operation	in the spa	ce provide	ed below.
3.	Do you work with a crop consultant or farm	n advisor?			☐ Yes	□No	□ N/A
	3a. If, "Yes," please provide your consultants name and contact information on the space provided below:						
	Please check "Yes" next to the pest control Crop rotation Traps Frog ponds Bat houses Resistant varieties Beneficial habitat	 ☐ Timing of planting ☐ Release of beneficials ☐ Monitoring ☐ Physical removal ☐ Companion planting 	☐ Tr ☐ Pr ☐ Bi ☐ M	rap crops nysical ba rd houses ating disru ther (pleas	uption se specify)		
5.	Do you maintain habitat for beneficial inse 5a. If, "Yes," please describe in the space				Yes	□ No	□ N/A
6.	Rate the effectiveness of your pest manage	gement program.					
	Excellent	Satisfactory	□ Ne	eeds impr	ovement		
7.	Please check "Yes." next to the methods v	you use to monitor the effect	iveness of your pest manac	nement pro	ogram.		

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☐ Pheromone monitoring traps	☐ Compa	Comparison of crop yields					
☐ Visual observation of insect activity/damag	e Other (Other (please specify):					
8. Please describe the frequency of your mo	nitoring practices in the space provid	led below.					
Do you use pest control materials? If, "your farming operation in Section I. Materi		terials you plan to use on Yes No N/A					
DISEASE MANAGEMENT							
 Please describe you plan to prevent and monitor disease pressure and monitor weed populations on your farming operation in the space provided below. Include specific diseases you manage. 							
2. Please check the disease prevention strat	egies implemented on your farming	operation.					
☐ Crop rotation							
Resistant varieties	Companion planting	Field sanitation					
☐ Vector management	Soil balancing	Timing of planting/cultivating					
☐ Plant spacing	Compost/tea use	Other (please specify):					
Rate the effectiveness of your disease ma	unagement program						
	_						
Excellent	Satisfactory	Needs improvement					
4. Please check the disease monitoring strat	egies implemented on your farming	operation.					
Observation of crop health	Crop qu	uality					
Comparison of crop yields	Other (please specify):					
5. Please describe the frequency of your mo	nitoring practices in the space provid	led below.					
6. Do you use disease control materials? Information (Question 5).	If, "Yes," please list all materia	als in Section I. Material Yes No N/A					

SECTION G. SPLIT AND PARALLEL PRODUCTION





1.	1. Do you produce both organic and conventional crops?					□No	□ N/A		
	1a. If, "Yes," do you use the same equipment on your organic and conventional crops?					□No	□ N/A		
1b. If, "Yes," please describe the procedures implemented to clean-out equipment in the space provided below.									
2. If you produce both organic and conventional crops, please complete the chart below. List all crop varieties that are grown and whether they are organic, transitional, or conventional.									
	Crop variety		Organic	Transiti	onal	Conve	ntional		
3.	What portion (percent and acres) of your total production is:								
	-								
	Transitional:								
	Conventional:	%		acres					
SECTION H. HARVEST, PACKING AND STORAGE, TRANSPORTATION [NOP 205.272] The NOP Rule requires that handling practices and procedures present no contamination risk to organic products from commingling with non-organic products or contact with prohibited substances. Packaging materials, bins, and storage containers must not contain a synthetic fungicide, preservative, or fumigants. Reusable bags or containers that have been in contact with any substance in such a manner as to compromise the organic integrity unless the bag or container has been thoroughly cleaned. Procedures used to maintain the organic integrity of ingredients or products must be documented.									
HAR	VEST								
1.	Are any organic crops custom harvested by an outside business	s?			[Yes	☐ No		
,	1a. If "Yes," please provide the name of the custom harvester.								
2.	How are organic crops harvested?								
	Mechanical (Go to Question #3)	Question #5)	Other (ple	ase speci	fy):			
3. H	low do you ensure there are no non-organic crop residues in ha	rvest equipm	nent?						
	Equipment used for organic crops only Skip to Question # 5)	Equipm	nent is cleaned p	rior to organic	crop harve	est or use			

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4. What type of cleaning documentation is maintained?					
Clean truck/equipment affidavits	Clean out records	Other (p	olease spec	cify):	
5. What type of containers are organic crops ha	arvested into?				
☐ Bulk trucks/wagons (Skip to Question #7)					
Cardboard/waxed boxes Wooden bins					
☐ Plastic bins	Other (please specify):				
6. Are the harvest containers,					
New	Used for Organic Crops Only	□ O#b a = /=		-:£.\.	
Cleaned prior to use	Lined prior to use	Other (please specify):			
7. Please describe how you identify harvest co	ntainers as organic.				
PACKING – POST HARVEST HANDLING					
8. Is the organic crop processed at your farm (made into essential oil, canned, pickled, etc.)			Yes	☐ No	
8a. If, "Yes," please complete a Processor Application packet. Please contact the Organic Food Program office to request a packet.					
9. Is the organic crop packed into retail, wholesale, or shipping containers at your farm?					☐ No
9a. If "No," skip to Question # 20.					
9b. If "Yes," please ensure a copy of all packages or labels making organic claims are submitted to our office for review. You must include labels with your farm or company name as well as any private labels from companies you contract with.					
10. Do you handle or pack organic food products from other organic crop producers?				☐ No	
10a. If, "Yes," please complete a Handler Application packet. Please contact the Organic Food Program office to request a packet.					
11. Check all cleaning methods used prior to packing or handling organic products.					
☐ No Cleaning or Purging Occurs - Skip to	Compressed air	☐ Sanitizir	ng		
Question #14	☐ Purging of equipment	Other (please specify):			
Sweeping or Vacuuming	Soap and water				
12. Please list all cleaning and/or sanitation materials used on food contact equipment and food contact surfaces prior to the handling of organic products in Section I – Question #6 - Post Harvest Materials.					
13. Is the use of cleansers or sanitizers followed by a potable water rinse?			☐ No	☐ None Used	
14. Is chlorine, calcium hypochlorite, chlorine dioxide, or sodium hypoclorite used in wash water or flume water during the handling of organic crops?			☐ No		
14a. If "Yes," how do you ensure residual chlorine residual limit under the Safe	chlorine levels in water leaving your facility is ma Water Drinking Act) INOP 205 6011?	intained at o	below 4pp	om (the maxi	umum

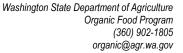
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5. Please describe how you ensure organic products are not commingled with non-organic products during handling and packing?					
16. What type of containers are or	rganic products packed into?				
Bulk trucks – Skip to Question	n #21				
Paper Bags	☐ Wooden bins	☐ Cardboard/waxed bo			
☐ Cardboard/waxed boxes	☐ Plastic bins	lastic bins			
17. Are all packaging materials an	d shipping containers food grade?		☐ Yes ☐ No		
18. Have any packaging or shipping containers been exposed to synthetic fungicides, preservatives, or fumigants?					
19. Are packaging materials or shipping containers reused?					
19a. If "Yes," please describe h	now organic products are protected from contamina	tion when placed in the reused cont	ainer.		
20. Dlagge describe how you iden	tif , polygon or containers on armania				
20. Please describe how you identify packages or containers as organic.					
Storage					
21. Do you store organic products at your farm?					
21a. If "No," Skip to Question # 24 If "Yes," please provide details on your storage areas by completing the following table.					
			Is Storage		
Use	Location /Name of Storage Area(s)	Type/Capacity	Unit Dedicated		
			Organic?		
22 Are organic modulate stand tim	Controlled Atmosphere (C.A.)2				
22. Are organic products stored in Controlled Atmosphere (C.A.)?					
23. Please describe how you ensure organic crops or products are not contaminated with prohibited materials or commingled with non-					

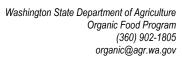
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organic products during storage . Please include details on both raw product storage and finished product storage if applicable.				
Transportation				
24. Are you responsible for the transportation of organic crops or finished products leaving your farm?				
24a. If "No," please provide the name of the responsible party.				
24. How do you ensure organic crops or products are not contaminated during transport?				
☐ Transportation equipment is used for organic crops only ☐ Organic products are shipped in sealed packages or containers				
(Skip to Section I) Other (please specify):				
Transportation equipment is cleaned prior to organic crop harvest or use				
25. What type of cleaning documentation is maintained?				
☐ Clean truck/equipment affidavits ☐ Clean out records ☐ Other (please specify):				
Section I. Material Information [205.105] National Organic Program 205.105 requires that all materials used in organic crop production either be natural substances or be approved synthetic materials listed under the National List of Allowed and Prohibited Substances [NOP 205.601; 205.602]. This includes all fertilizers, crop production aids, and pest control materials that are used on an organic operation.				
1. Planting Mix Ingredients and Greenhouse materials. In the space provided below, please list all of the ingredients you plan to use in your Planting Mix and the materials you apply to crops being produced in greenhouses.				
your Planting Mix and the materials you apply to crops being produced in greenhouses. N/A I do not use a Planting Mix on my farming operation. Skip to Question 2.				
☐ N/A I do not have a greenhouse on my farming operation. Skip to Question 2.				

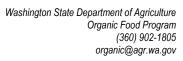
2. Foliar Fertilizers and Soil Fertility Products. In the space provided below, please list all of the Soil Amendments, Rock Minerals, Soil Inoculants, and manure you plan to use on your farming operation.





Material			Crop		Reason For Use	
Compost and Compost Procompost product ingredients				he compost for	eedstocks, compost products,	
N/A I do not use a Com	post on my fai	ming operation. Ski	p to Question 4.			
Material			Crop		Reason For Use	
	you intend to	use the material or	, the reason for its use,		l Materials you plan to use on ices you plan to employ to pre	
N/A I do not use Pest C		,		n 5.		
Material		Crop	Reason For	r Use	Preventative Practices	
	L				l	

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	Material		Crop	Reason For U	se	Preventative Practices
6.	6. Pest Control Materials (Other – rodents, weeds, slugs, etc.) In the space provided below, please list all of the weed Pest Control Materials you plan to use on your farming operation, the crops you intend to use the material on, the reason for its use, and the practices you plan to employ to prevent the need for its use.					
	☐ N/A I do not use any of the	nese on my far	ming operation. Skip	to Question 7.		
	Material		Crop	Reason For U	se	Preventative Practices
7. Crop Production Aids. In the space provided below, please list all of the crop production aids (spray adjuvants, growth regulators) you plan to use on your farming operation.						
	Material		Сгор		Reason For Use	
8.	8. Post Harvest Materials. In the space provided below, please list all of the Post Harvest Materials you plan to use on your organic crops.					
	□ N/A I do not use Post Harvest Materials on my farming operation.					
Material			Cre	Crop Reason For Use		Reason For Use





SECTION J. MARKETING					
Please check all marketing venues used to	o sell organic crops produced on your farming o	peration.			
☐ Farmers market.☐ Direct sales (restaurants, retail stores, etc.)	☐ Community Supported Agriculture shares☐ Processing (sold or under contract)	☐ On-Farm (u-pick, farm stand, etc.)☐ Wholesale☐ Other:			
2. Please list all wholesalers/packing sheds/	processors that handle your products in the space	ce provide below.			
SECTION K. RECORDKEEPING					
The National Organic Standards require records related to an organic product be maintained for five years. Please describe your system for maintaining records related to organic production.					
Please indicate where the following records, that pertain to your organic farming operation, are located:					
Material Application Records:					
Material Receipts:					
Sales Records:					
Production Records					

THE NOP REQUIRES A SYSTEM PLAN UPDATE EACH YEAR. PLEASE KEEP A COPY OF THIS PRODUCTION SYSTEM PLAN AS A REFERENCE FOR UPDATING YOUR PRODUCTION PLAN IN THE FUTURE.

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